

Arizona Department of Health Services Children's Rehabilitative Services Administration	Effective Date: 10/01/2007
SUBJECT: HIPAA	SECTION: HI 1.1

SUBTITLE: CRSA HIPAA Request to Inspect/Copy Designated Record Set

PURPOSE:

To provide Arizona Department of Health Services/Children's Rehabilitative Services Administration (ADHS/CRSA) members with a process to inspect or obtain copies of their Protected Health Information (PHI) contained in the ADHS/CRSA Designated Record Set (DRS). This policy describes the ADHS/CRSA process for: (1) determining when to provide access to and a copy of DRS to a member or the member's legal representative, (2) making such disclosures, (3) denying disclosure and copying in certain circumstances, and (4) providing for appeal of a denial of a request.

POLICY:

The CRSA is a health plan designation, as defined by the HIPAA Regulations. The policy of the CRSA is to provide a member or member's legal representative the right to inspect and obtain copies of PHI in the CRSA DRS. Please refer to Appendix A, ADHS/CRSA Designated Record Set, for a listing of the data elements and valid values constituting the ADHS/CRSA DRS.

AUTHORITY:

45 C.F.R. §§ 160, 164, 164.524, 164.530
A.R.S. § 36-104
A.R.S. §§ 36-261 - 265
A.A.C. §§ R9-7-101 - 701

APPLICABILITY:

To all ADHS/CRSA program workforce members, business associates, contract personnel, and other persons who officially represent the CRSA.

DEFINITIONS:

Arizona Department of Health Services (ADHS):
Agency designated as the public health authority for the State of Arizona. ADHS, as defined by HIPAA, is a hybrid-covered entity.

Arizona Health Care Cost Containment System (AHCCCS):
Agency that oversees the Medicaid services provided to the Arizona citizens.

ADHS HIPAA Compliance Officer:

Individual, appointed by the ADHS director or the director's designee, who as the designated officer that oversees agency-wide compliance for the HIPAA Privacy, Security, and Administrative Simplification Regulations, collaborates with health care components for response to HIPAA concerns or complaints, and provides advice to health care components in all matters related to HIPAA. The ADHS HIPAA Compliance Officer may designate a HIPAA Compliance Team member to collaborate with a health care component. The ADHS HIPAA Compliance Officer may be used interchangeably with "HIPAA Compliance Office."

Children Rehabilitative Services Administration (CRSA):

A subdivision of the ADHS that is the contracted administrator for the Arizona Health Care Cost Containment System Administration (AHCCCSA) and the state funded plan, which provides regulatory oversight of the Children's Rehabilitative Services (CRS) Regional Contractors and their delivery of health care services. ADHS/CRSA functions as a health plan under the ADHS hybrid entity.

CRSA includes a CRS program that provides for medical treatment, rehabilitation, and related support services to eligible individuals who have certain medical, handicapping, or potentially handicapping conditions that have the potential for functional improvement through medical, surgical, or therapy modalities.

CRS Member:

Individual, 21 years of age or younger, who is enrolled by the member's representative in either the AHCCCS or state funded CRS program and is eligible to receive defined health care services through the CRS Regional Contractors. The CRS member is the subject of Protected Health Information (PHI). The term "CRS Member" may be used interchangeably with the term "Representative."

CRSA HIPAA Privacy Official:

Person responsible for implementing all HIPAA Privacy information for ADHS/CRSA in collaboration with the ADHS HIPAA Compliance Officer for ADHS/CRSA.

CRS Regional Contractor:

Entity awarded a contract with ADHS/CRSA to provide medical treatment, rehabilitation, and related support services for enrolled CRS members.

Designated Record Set (DRS):

Set of collected and maintained eligibility and encounter records used or disseminated by ADHS/CRSA for purposes of member's eligibility and electronic encounter administration for medical, dental, and pharmacy related services provided by CRS Regional Contractors. The designated record set excludes quality assurance, peer review, oversight, or any other documents maintained by ADHS/CRSA for the operation of the program and its contractual relationship with AHCCCS or the CRS Regional Contractors.

Health Insurance Portability and Accountability Act (HIPAA):

Federal Public Law 104-191 of 1996 and the corresponding regulations developed by the United States Department of Health and Human Services that creates national standards for the privacy and security of protected health information and electronic billing standards to administer health care related claims.

Hybrid Entity:

Single legal entity: (1) that is covered, (2) the business activities include both covered and non-covered functions, and (3) that formally designates in writing which work areas are covered health care components of the hybrid entity.

Protected Health Information (PHI):

The individually identifiable health information that is maintained, collected, used, or disseminated by ADHS/CRSA, a HIPAA defined health plan, as it relates to the eligibility, claims administration, and ADHS/CRSA operations relating to a member's past, present, or future health or condition, provision of health care or future payment for the provision of health care.

Quality Management:

Review of the quality of health care provided to CRS members.

Representative:

Individual who is authorized, either by the member or by Arizona law, to make health care treatment decisions for the member when the member is unable to make treatment decisions. Member representative has this same meaning as personal representative under the HIPAA Privacy Regulations.

DIVISION OF PRIMARY POSITION OF RESPONSIBILITY:

Children's Rehabilitative Services Administration/HIPAA Privacy Official

SPECIAL NOTATIONS:

All timeframes are calendar days unless otherwise specified.

Unauthorized release of PHI or individually identifiable information will subject the individual releasing the information to the disciplinary procedures set forth by the Arizona Department of Health Services, Office of Human Resources, Level I, Disciplinary policy. The disciplinary action may include dismissal from state service.

PROCEDURES:

A. Requests for an Inspection or Copy of the CRSA Designated Record Set

1. A request for a member's ADHS/CRSA designated record set or any part of the designated record set must be provided in writing on the

ADHS/CRSA Request for Designated Record Set form. (See Attachment 1)

2. Upon receipt of a written request for all or part of a member's designated record set, CRSA will:
 - a. Date stamp request with the date received,
 - b. Enter the requested information into the ADHS/CRSA tracking system,
 - c. Enter a suspense date of thirty (30) days after the date of receipt into the ADHS/CRSA tracking system, and
 - d. Create a hard copy file of the request, and store in a secured location until the request to inspect or copy process is completed.

B. Requestor's Identification Verification

1. Verify upon receipt of a written request, the identity and authority of any individual requesting inspection or a copy of the CRSA designated record set, before providing such disclosures and complete the following steps:
 - a. Refer to the ADHS/CRSA Identification Reference for Protected Health Information (See Attachment 2) document for specific guidelines, and
 - b. Complete the ADHS/CRSA Verification and Authorization Checklist (See Attachment 3) for documentation.
2. Follow the ADHS/CRSA Verification Identification for Protected Health Information document for specific guidelines to ensure the requestor is positively identified as a representative of the CRS member for whom he or she is requesting to inspect or copy the designated record set.

C. Responding to a Request to Inspect or Copy the CRSA Designated Record Set

1. The member will have access to their ADHS/CRSA designated record set (DRS) in the format requested, if it is readily producible ("Readily producible" means in hard copies) in that format.
2. Even if more than one set of identical records exists, the requestor will be entitled to only one copy.
3. ADHS/CRSA may provide a summary of the DRS in lieu of providing access or may provide an explanation of the DRS to which access is provided, if the requestor agrees, in advance.

4. If the request is granted, ADHS/CRSA will provide the requestor with a letter granting the request (See Attachment 4), within the thirty (30) days of receipt of the request unless the time-period is extended as permitted below:
 - a. If the information to be accessed is not maintained or accessible on-site, ADHS/CRSA must respond to the request no later than thirty (30) days after receipt, or
 - b. If ADHS/CRSA is unable to act on the request for access within the applicable thirty (30) day period, it may extend the time for response by no more than thirty (30) days.
5. If ADHS/CRSA personnel cannot produce the copies of or access to the designated record set within the time limits in Section C.4 of this policy, a written statement explaining the delay will be mailed to the member advising the member as to when ADHS/CRSA will provide copies of or access to the designated record set or a response. A response to the request will not exceed sixty (60) days. (See Attachment 5)
6. The ADHS/HIPAA Compliance Officer will be copied on all extensions of a request to produce a member's designated record set.
7. The above actions will be logged into the ADHS/CRSA tracking system.
8. A copy of the response and any extension letters will be placed in the Request to Inspect or Copy the CRSA Designated Record Set file.

D. Denial of Access to the Member's CRSA Designated Record Set

1. A decision to deny access to or copying of a member's designated record set, in response to a request by the member or the member's legal representative, may be made on the following grounds:
 - a. ADHS/CRSA does not maintain the information requested,
 - b. The requestor, if not the member, is unauthorized to receive the information under Section B of this policy and the member has not authorized the disclosure, or
 - c. The requestor is a parent or guardian but is unauthorized to receive copies of the designated record set because the minor member is emancipated or married.
2. In cases that ADHS/CRSA has determined that access should be denied, the ADHS HIPAA Compliance Officer will be notified and given time to review the denial before notifying the requestor, keeping within the 30-day response time requirement

3. Denying access to the Designated Record Set

- a. The member or member's representative will be notified in writing of a decision to deny access to all or part of the designated record set, including a short statement of the basis for the denial. (See Attachment 6)
- b. In cases in which the member is entitled to a review of a denial, the requestor will be notified and receive instructions for filing a written request for review.
- c. The notice will contain a description of how the member may file a complaint with the ADHS/CRSA Office and with the Department of Health and Human Services, Office for Civil Rights.
- d. If ADHS/CRSA does not maintain the requested information, but knows where the information may be obtained, the member will be notified and provided with the name of the agency or provider where the information can be found. (See Attachment 7)
- e. The decision to deny access will be entered into the ADHS/CRSA tracking system.
- f. A copy of the denial letter will be placed in the CRSA Designated Record Set file.
- g. A copy of the denial letter will be provided to the ADHS HIPAA Compliance Officer.

E. Review of a Denial to Access the CRSA Designated Record Set

1. For denials based on the grounds set forth in Section D.1 of this policy, the notice will give the member the right to a review.
2. The request to review is an internal process whose purpose is to evaluate the initial decision to deny access to a record and determine whether that denial satisfied the grounds for denial set forth in Section D.1 of this policy.
3. All requests to review must be in writing.
4. Upon receipt of a written request to review, the information will be logged in the ADHS/CRSA tracking system.
5. A copy of the request to review will be placed in the Request to Inspect or Copy CRSA Designated Record Set file.

6. The request to review and the reasons for denial will be forwarded to the CRSA Office Chief or designee.
7. If the CRSA Office Chief or designee is not available or previously participated in the matter, the CRSA HIPAA Privacy Official will confer with the ADHS Compliance Officer or his/her designee and determine an appropriate individual to review the matter.
8. The request for review will be completed in a reasonable time. The reviewer will provide a decision in writing to the CRSA HIPAA Privacy Official and Office Chief or designee.
9. Upon receipt of the review decision, the member will be notified promptly in writing and all appropriate parties copied on the decision within two (2) business days. (See Attachment 8)
10. The review decision date will be entered into the ADHS/CRSA tracking system.
11. Documentation of the requestor's written request for review, the reviewer's decision and the notice to the member will be placed in the Request to Inspect or Copy the CRSA Designated Record Set file.
12. Copies of all the request to review decisions will be provided to the ADHS HIPAA Compliance Officer.

F. Charges

1. If a member or the member's representative requests copies of any information protected by HIPAA, ADHS/CRSA may not charge for the copies under Arizona law for the following circumstances:
 - a. For the demonstrated purpose of obtaining further health care for the member,
 - b. To another health care provider for the purpose of providing continuing care to the member, and
 - c. To an officer of the Arizona Department of Health Services or the local health department requesting records related to an investigation of reportable communicable diseases or to the medical boards.
2. If copies are requested for any other purpose, ADHS/CRSA may charge a reasonable cost-based fee to the member or the member's representative and may charge a reasonable cost-based fee to others who are authorized to request and receive the information.

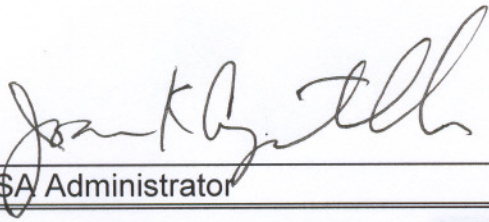
3. The ADHS/CRSA Request for ADHS/CRSA Designated Record Set form asks the requestor to indicate the purpose for seeking the information. (See Attachment 1) CRSA personnel will not charge for the copies if the purpose falls within Section F.1 of this policy.
4. If charges are applied to the Request, an appropriate fee will be charged for each page. (See Attachment 4)

G. Documentation

1. Beginning April 14, 2003, HIPAA related documentation, including the DRS, will be maintained for a minimum period of six (6) years from the completion of a request process for:
 - a. All HIPAA associated requests received from a member or that member's representative,
 - b. All communications relating to requests received from each member or that member's representative, and
 - c. The titles of persons or offices responsible for responding to or researching information for requests and any communications associated with those requests.
2. During the request process, all requests and any communication associated with those requests will be stored as hard copy files in a secured location.
3. Upon completion of the request process all hard copy documentation will be scanned into an electronic documentation file(s) and stored for one (1) year in a secured folder located in G:\HIPAA_Privacy.
4. At the end of the one (1) year, the electronic documentation file(s) will be copied onto a compact disc and the electronic file will be deleted from the G:\HIPAA_Privacy drive.
5. The compact disc will be stored for five (5) years in a secured file in the network OCSHCN/CRSA compressed filing room.
6. At the end of the required six (6) years retention period, the compact disc file(s) will be destroyed.
7. The HIPAA Compliance Officer or his/her designee will conduct an annual audit review of all logs to ensure compliance with this policy.

Approved:

Date:



9/24/07

CRSA Administrator

Appendix A

This appendix provides the data fields, data definitions, and a list of valid values used by Children's Rehabilitative Services Administration (CRSA) as a designated record set. The majority of these data definitions and valid values include coding definitions that are standardized for use by other government health care programs or private insurance companies. Some of the codes are used by the Arizona Health Care Cost Containment System Administration (AHCCCSA) and/or CRSA only.

The documents included in this appendix are:

CRS Import specifications.xls
Site to CRS Import Guidelines.doc
CRS Valid Values Lookup Tables.doc

**Arizona Department of Health Services
Children's Rehabilitative Services Administration**

REQUEST FOR ADHS/CRSA DESIGNATED RECORD SET

NAME OF MEMBER: _____
(Last) (First) (Middle Initial)

Member's Date of Birth: ____/____/____
(mm) (dd) (yyyy)

Name of Person Requesting Arizona Department of Health Services/Children's Rehabilitative Services Administration
(ADHS/CRSA) Designated Record Set (if other than member):

(Last) (First) (Middle Initial)

Relationship to member: _____

Authority to receive the ADHS/CRSA information for the member (Please check applicable authority):

- ____ Written Authorization from Member
____ Parent/Legal Guardian of Minor Aged Member
____ Health Care Decision Maker for Member (Mental Health Care Power of Attorney, Health Care Power of Attorney, or Surrogate Decision Maker)
____ Personal Representative of Member's Estate
____ Other (please explain): _____

**DOCUMENTATION OF AUTHORITY TO RECEIVE ADHS/CRSA INFORMATION MUST BE
ATTACHED TO REQUEST FOR DESIGNATED RECORD SET**

INFORMATION REQUESTED

- ____ Copy of ADHS/CRSA Designated Record Set for individual dated: _____
____ A summary of information for the individual kept by ADHS/CRSA
____ Request for an Accounting of the Designated Record Set
____ Specific Dates _____ Purpose _____
____ Other (explain): _____

REASON FOR REQUESTING THE DESIGNATED RECORD SET

- ____ To provide to another provider for continuing care or obtaining further health care
____ Other (explain): _____

DELIVERY OF INFORMATION

- ____ I will pick up the information file at ADHS/CRSA
____ Please mail the information to me at: _____
____ I will review the original information file onsite at ADHS/CRSA. I will call ADHS/CRSA at 602-542-1860 to arrange a time.

I am authorized to receive copies of the ADHS/CRSA Designated Record Set for _____
(Member's name)

I understand that I will be required to provide identification and documentation for the authority to receive the Designated Record Set.

Signature

Date

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: SELF (MEMBER)

AND:

YOU MUST:

NEXT, YOU CAN:

The contact is by phone:

Verify the person is the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

Release information specific to his/her CRS coverage and answer any questions pertaining to any issues/concerns or grievances the member may have filed with ADHS/CRSA. *Do not evaluate diagnosis or treatment.*

The contact is in person or a written request:

Ask for documentation verifying proof of identification. For contacts in person, preference is to see a document with a photograph. If you are unable to provide a document with a photograph, request a minimum of two documents from the lists below. A birth certificate is not an identity document. For written contacts, verify address on documentation matches address of record.

– AND –

Document details of information released into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Some documents that are acceptable as proof of identity for a child are:

- Doctor, Clinic, or Hospital Record
- Religious Record (i.e., baptismal record)
- Daycare Center or School Record
- Adoption Record
- School ID Card

Some documents that are acceptable as proof of identity for an adult are:

- Driver's License
- Marriage or Divorce Record
- Military Record
- Employer ID Card
- Adoption Record
- Life Insurance Policy
- Passport
- Health Insurance Card (not a Medicare card)
- School ID Card

NOTE: All documents must be either originals or copies certified by the issuing agency.

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Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

AND:

The contact is by phone and the member/child makes a mistake on the information (Name, Date of Birth, CRS Client ID number, or Additional piece of information) used to verify his/her identity.

The contact is in person or by a written request and the person does not have the required documentation verifying identification.

YOU MUST:

For contacts by phone:

Explain to the requestor that the information does not match the information in the ADHS/CRSA data file (CRS Eligibility Screens). Ask him/her to repeat the information, and if incorrect, suggest that the requestor look at his/her ADHS/CRSA paperwork to find the correct information or ask someone (family or friend) to help him/her with this information.

For contacts in person:

Explain to the requestor that the documentation does not meet the requirements of verifying identification. Provide the requestor with a list of documents that meet the requirements and suggest that the requestor return with a minimum of two documents verifying identification.

For contacts in writing:

Notify the requestor in writing that the documentation does not meet the requirements of verifying identification. Provide the requestor with a list of documents that meet the requirements and ask that he/she forward to you are the copies of two valid documents verifying identification.

If requestor states that there has been a change in information, advise him/her to contact the appropriate CRS Clinic and have the information updated. Do not disclose information until verification of identification has been established.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release information specific to his/her CRS coverage and answer any questions pertaining to any issue/concern or grievance the member may have filed with ADHS/CRSA.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

		REQUESTOR: PARENT OF MINOR CHILD
AND:	YOU MUST:	NEXT, YOU CAN:
It is clear that the parent is acting on the child's behalf.	Verify that the requestor's name matches the parent's name listed in the CRS file.	If the requestor <i>is able</i> to provide the correct information, release per the instructions listed under member.
(A request for information from a minor child's file by the child's parent is an access request that must be honored, as long as it is clear the parent is acting on the child's behalf.)	<p>– AND –</p> <p>Verify the identity of the minor child member by asking for his/her:</p> <ul style="list-style-type: none"> • Full Name, • Date of Birth, • CRS Client ID Number, and • One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable). 	<p>– AND –</p> <p>Document details of information released into the ADHS/CRSA tracking system.</p>
NOTE: Unless the court issues a separate custody order that allows only one parent to have authority over the child, divorced or separated parents have equal rights to access minor child's health information. The CRSA HIPAA Privacy Official can verify the legal guardianship if there is a doubt of the parent's legal custody status.	<p>– AND –.</p> <p>Verify the identity of the requestor by following the guidelines defined under Requestor: Self (Member) for documents acceptable as identification verification for in-person or written requests.</p>	<p>If the requestor <i>is unable</i> to provide the correct information, YOU MAY NOT release any ADHS/CRSA information or answer any questions pertaining to the member.</p> <p>– NEXT –</p> <p>Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.</p>
		<p>– AND –</p> <p>Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.</p>

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Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: LEGAL GUARDIAN OF MINOR CHILD OR MAJORITY AGED MEMBER

A.R.S. § 14-5201 et seq. - Guardians of Minors
A.R.S. § 14-5301 et seq. - Guardians of Incapacitated Persons (Majority Aged Member)

AND:

YOU MUST:

It is clear that the legal guardian is acting on the member's behalf.

Verify that the requestor's name matches the legal guardian's name listed in the CRS data file.

– AND –

To answer any questions via the telephone, you must have proof of the legal guardianship on file and the guardian's name must appear in the ADHS/CRSA data file (CRS Eligibility Screens).

Verify and obtain a copy of the court order (if one is not already on file) appointing the requestor as a legal guardian or a written and notarized statement that a court appointed the requestor as the member's guardian and that the appointment still is valid.

– AND –

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: HEALTH CARE OR MENTAL HEALTH CARE POWER OF ATTORNEY FOR ADULT MEMBER

A.R.S. § 36-3201(6) - Health care power of attorney is a written designation of an agent to make health care decisions that meets the requirements of A.R.S. § 36-3221 and that comes into effect and is durable as provided in A.R.S. § 36-3223(A).

A.R.S. § 36-3201(10) - Mental health care power of attorney is a written designation of an agency to make mental health care decisions that meets the requirements of A.R.S. § 36-3281.

AND:

It is clear that the person with the health care or mental health care power of attorney is acting on the member's behalf.

To answer any questions via the telephone, you must have a copy of the health care or mental health care power of attorney on file and the individual named in the power of attorney appears in the ADHS/CRSA data file (CRS Eligibility Screens).

YOU MUST:

Verify that the requestor's name matches the health care or mental health care power of attorney name listed in the CRS data file and that a guardian or other legal representative has not been appointed. Contact legal counsel to determine who may make decisions if the member has more than one legally authorized decision maker.

– AND –

Verify and obtain a copy of the health care or mental health care power of attorney (if one is not already on file) appointing the requestor as the health care or power of attorney and the power of attorney document is still valid.

– AND –

Verify the identity of the member by asking for his/her:

- Full name,
- Copy of health care or mental health care power of attorney;
- Confirmation by member's physician that member is incapable of acting on his/her own behalf,
- Date of birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: SURROGATE DECISION MAKER OF ADULT MEMBER (WHO IS SPOUSE, ADULT CHILD, PARENT, DOMESTIC PARTNER, BROTHER, SISTER, OR CLOSE FRIEND) **

A.R.S. § 36-3201(13) - Surrogate decision-maker is a person authorized to make health care decisions for a patient by a power of attorney, a court order or the provisions of A.R.S. § 36-3231.**

A.R.S. § 36-3201(5) - Health care directive is a document drafted in substantial compliance with chapter 32, including a mental health care power of attorney, to deal with a person's future health care decisions.

AND:

It is clear that the surrogate decision-maker is acting on the member's behalf and following the member's health care directive, if such directive is available in the member's ADHS/CRSA data file or can be provided to CRSA by the surrogate.

To answer any questions via the telephone, whenever possible, you must have documentation in the member's data file that the surrogate decision-maker's identity has been verified by CRSA HIPAA Compliance Official.

YOU MUST:

Verify that a health care or mental health care power of attorney, guardian, or other legal representative has not been issued or is not in member's data file and there is a need to make health care decisions for the member, including disclosure of health care or mental health care information, for the benefit of the member who is incapable of making his/her own decisions.

– AND –

- Full Name,
- Confirmation by member's physician that the member is incapable of acting on his/her own behalf;
- Confirm the requestor's relationship with the member,
- Date of Birth of Member,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

** Confirm that requestor's relationship to the member on the following list and that requestor is highest on the priority following priority listed below of persons reasonably available to make health care/mental health care decisions on behalf of the member.

- A spouse, unless legally separated,
- An adult child or majority of adult children who are reasonably available for consultation,
- A parent,
- If unmarried, a domestic partner if no other person assumes financial responsibility,
- An adult brother or sister,
- A close friend (i.e., someone who exhibits special care and concern for the member, who is willing to become involved with the member's care and act in member's best interest, and who is familiar with the member's health

NEXT, YOU CAN:

If the requestor verifies priority and need to access information, release per the instructions from physician, as provided by member's health care/mental health care directive or as documented in the member's file. If no other information is available, release information only as requested by member's physician or mental health provider.

– AND –

Document details of information released into the ADHS/CRSA tracking system located in the G:\HIPAA Privacy folder.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: SURROGATE DECISION MAKER OF ADULT MEMBER (WHO IS SPOUSE, ADULT CHILD, PARENT, DOMESTIC PARTNER, BROTHER, SISTER, OR CLOSE FRIEND) **

A.R.S. § 36-3201(13) - Surrogate decision-maker is a person authorized to make health care decisions for a patient by a power of attorney, a court order or the provisions of A.R.S. § 36-3231.**

A.R.S. § 36-3201(5) - Health care directive is a document drafted in substantial compliance with chapter 32, including a mental health care power of attorney, to deal with a person's future health care decisions.

AND:

YOU MUST:

care views and desires).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests. Contact legal counsel to determine who may make decisions if the member has more than one legally authorized decision-maker.

NEXT, YOU CAN:

ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: LEGAL REPRESENTATIVE AS DEFINED BY THE STATE

A.R.S. § 14-9101(8) – Legal representative is a personal representative or conservator.

A.R.S. § 14-9101(2) – Conservator is a person who is appointed or qualified by a court to manage the estate of an individual or who is legally authorized to perform substantially the same functions.

A.R.S. § 14-9101(11) – Personal representative is an executor, administrator, or special administrator of a decedent's estate, a person legally authorized to perform substantially the same functions or a successor to any of them.

AND:

Initially, these types of requests must come in as written requests in order to verify the relationship.

To answer any questions via telephone, you must have proof of the arrangement in the ADHS/CRSA data file (CRS Eligibility Screens).

YOU MUST:

Verify that the requestor's name matches the legal representative's name listed in the CRS data file.

– AND –

Verify and obtain a copy of the court order (if one is not already on file) appointing the requestor as legal representative or a written and notarized statement that a court appointed the requestor as the member's legal representative and that the appointment still is valid.

– AND –

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

The request is by telephone and the **member gives verbal authorization** for you to speak with the caller. (The member does not have to remain on the phone during the conversation, or even be at the same place as the requestor – you may obtain the member's authorization to speak with the requestor via another line, three-way calling, or previously submitted written authorization.)

YOU MUST:

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

A verbal authorization on file is good for 14 days. The CRSA HIPAA Compliance Official may advise the member and the caller that if the member wants the requestor to receive information for more than 14 days, the member should send in a written HIPAA authorization form. (Verify current address of member and send the ADHS/DBHS authorization form.)

– AND –

Document into the ADHS/CRSA tracking system the name, address, phone number and relationship to the member of the requestor.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

The request is by telephone and the member **is not available to give verbal authorization** for you to speak with the caller and there is no written authorization on file.

You have written authorization on file that allows you to give member-specific information to the requestor.

You have written authorization on file that has expired.

YOU MUST:

Advise the requestor that you may not give out any information without the member's authorization.
The requestor may call back at a later time with the member present to give authorization

– OR –

The member provides written authorization to allow the requestor to obtain information from his/her file.

Have the requestor provide the member's:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and

One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify that written authorization for this requestor is on file and within the authorized time period (if specified). If unable to verify authorization, you must take the necessary steps to obtain current authorization, which may include contacting the member by phone and obtaining a verbal authorization or contacting the member by written communication.

Advise the requestor that the written authorization has expired.
Obtain verbal authorization and follow instructions for verbal authorization or provide the recipient with an authorization form and request a new authorization

NEXT, YOU CAN:

YOU MAY NOT release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulation and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.
If the requestor *is able* to provide the correct information, release information as allowed by the authorization (per the instructions in the recipient's file).

– AND –

Document details of information released into the ADHS/CRSA tracking system.

Unless you receive a verbal authorization or new written authorization, **YOU MAY NOT** release any information pertaining to the recipient.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

YOU MUST:

NEXT, YOU CAN:

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the recipient's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system.

Identification Reference for Protected Health Information

REQUESTOR: CRS PROVIDER (CRS CLINIC)

AND:

The CRS Clinic employee provides the following information in order to identify the beneficiary in question:

- Full name of member
- Member's Date of Birth
- Member's CRS Client ID number
- One additional piece of information such as social security (SSN), address, phone number, or AHCCCS ID number (if applicable).

Ensure that the reason for the inquiry is related to the administration of that CRS Clinic, to the treatment of the member, or the payment for services provided to that member.

YOU MUST:

There are three ways that an ADHS/CRSA may verify that he/she is speaking with an employee of a CRS Clinic.

Both parties on the call look at the CRS Eligibility Screen for the member in question. The CRSA employee will name a field on the screen and ask that the CRS Clinic employee identify what is in that particular field.

– OR –

The ADHS/CRSA employee may ask for the CRS Clinic employee's phone number and call him/her back, making sure that the area code and exchange matches a listed phone number for that CRS Clinic. NOTE: Caller ID on the ADHS/CRSA telephone may be used to verify the area code and exchange in lieu of a callback.

– OR –

The ADHS/CRSA employee may take the name and number of the CRS Clinic employee, the name and number of his/her supervisor, the date and reason for the inquiry, and post this information in the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

ADHS/CRSA personnel will document in the HIPAA tracking system how the personnel verified the person's identity, either by retaining a copy of the documentation or by explaining what proof of identity and authority was used. NOTE: Verification of identification by an ADHS/CRSA employee can be omitted once that ADHS/CRSA employee has verified identification of the CRS Clinic representative.

NEXT, YOU CAN:

Release the member's ADHS/CRSA information relevant to the administration of that CRS Clinic's program, the treatment of, or payment for services provided to the member.

– NEXT –

Advise the requestor that any further information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested in the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

**Arizona Department of Health Services
Children's Rehabilitative Services Administration**

Identification Reference for Protected Health Information

REQUESTOR: EMPLOYEE OF ANOTHER STATE AGENCY OR FEDERAL AGENCY

AND:

A State or Federal employee provides the following information in order to identify the beneficiary in question:

- Full name of member
- Member's Date of Birth
- Member's CRS ID number
- One additional piece of information such as social security (SSN), address, phone number, or AHCCCS ID number (if applicable).

Ensure that the reason for the inquiry is related to the administration of that agency's program.

YOU MUST:

Verify the identity of the State or Federal employee by: ADHS/CRSA personnel will ask to see an identification badge, official credential, or other proof of government status (such as a business card). If the request for the protected health information (PHI) is in writing, the official can demonstrate his or her official identity if the request is on the appropriate government letterhead.

– OR –

ADHS/CRSA personnel will see one of the following documents that establishes that the person is acting on behalf of the government agency:
(a) a written statement on government letterhead that the person is acting under the government's authority; or
(b) other evidence or documentation that the person is acting on behalf of the government agency, such as a contract for services, memorandum of understanding, or purchase order.

– AND –

Verify the authority of the State or Federal employee by obtaining one of the following documents or representations (written or oral):
(a) warrant, (b) subpoena, (c) court order, (d) other legal process issued by a grand jury or a judicial or administrative tribunal, (e) a written statement of the legal authority under which the PHI is requested, or (f) an oral statement of such legal authority accompanied by a government, administrative or judicial documentation that requests the PHI.

Questions regarding authority of requestor, authenticity of the request or ADHS/CRSA authority to disclose the requested information should be referred to the Attorney Generals Office.

NOTE: Verification of identification by an ADHS/CRSA employee can be omitted after the ADHS/CRSA employee has verified identification of the other State Agency's representative.

NEXT, YOU CAN:

Release the member's ADHS/CRSA information relevant to the administration of that agency's program, the treatment of, or payment for services provided to the member.

– NEXT –

Advise the requestor that any further information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested in the ADHS/CRSA tracking system of how the employee of another State or Federal Agency verified the person's identity, either by retaining a copy of the documentation or by explaining what proof of identity and authority was used.



Arizona Department of Health Services
Children's Rehabilitative Services Administration

VERIFICATION AND AUTHORIZATION CHECKLIST

Name of Member: _____
(Last) (First) (Middle Initial)

Member's Date of Birth: _____ CRS ID # _____
(mm) (dd) (yyyy)

Member's Address: _____
Street
City State Zip code

Name of Person Requesting ADHS/CRS Designated Record Set: _____
(Last) (First) (Middle Initial)

Requestor's Address: _____
Street
City State Zip code

Relationship to Member:

<input type="checkbox"/> Self (member)	<input type="checkbox"/> Parent/Legal Guardian of Minor Child	<input type="checkbox"/> Legal Guardian of Adult	<input type="checkbox"/> Health Care Power of Attorney	<input type="checkbox"/> Mental Health Care Power of Attorney
<input type="checkbox"/> Surrogate Decision Maker of Adult Patient (Spouse, Adult Child, Domestic Partner, Brother, Sister, or Close Friend)	<input type="checkbox"/> Personal Representative of Member's Estate	<input type="checkbox"/> CRS Provider	<input type="checkbox"/> Government Employee (i.e., Child Protective Services, Adult Protective Services, Arizona Health Care Cost Containment System)	<input type="checkbox"/> Other (please explain):

Method of Identification:

<input type="checkbox"/> Telephone	<input type="checkbox"/> In Person	<input type="checkbox"/> Written Request	<input type="checkbox"/> Other: _____ Description
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Acceptable documents for verification of identification (check those provided):

For Child:

<input type="checkbox"/> Doctor, Clinic, or Hospital Record	<input type="checkbox"/> Religious Record (i.e., baptismal record)	<input type="checkbox"/> Daycare Center or School Record	<input type="checkbox"/> School ID Card	<input type="checkbox"/> Adoption Record
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For Adult:

<input type="checkbox"/> Driver's License	<input type="checkbox"/> Military Record	<input type="checkbox"/> Life Insurance Policy	<input type="checkbox"/> Passport	<input type="checkbox"/> Adoption Record
<input type="checkbox"/> School ID Card	<input type="checkbox"/> Employer ID Card	<input type="checkbox"/> Marriage or Divorce Record	<input type="checkbox"/> Health Insurance Card (not a Medicare card)	

Authority to receive the ADHS/CRS Information for the Member (Please check applicable authority):

<input type="checkbox"/> Written Authorization from Member	<input type="checkbox"/> Parent or Legal Guardian of Minor Aged Member	<input type="checkbox"/> Health Care Decision Maker for Member (Health Care Power of Attorney, Mental Health Care Power of Attorney, or Surrogate)
<input type="checkbox"/> Personal Representative of Member's Estate	<input type="checkbox"/> Verbal Authorization from Member (valid for fourteen (14) days only)	<input type="checkbox"/> Other (please explain):

DOCUMENTATION OF AUTHORITY TO RECEIVE Member's Personal Health Information MUST BE ATTACHED TO VERIFICATION IDENTIFICATION CHECKLIST

Identification Verified by:

CRS Employee's Name _____ Date _____ Signature _____

Title _____

**ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
NOTICE TO GRANT REQUEST FOR DESIGNATED RECORD SET**

[DATE]

CONFIDENTIAL

[INSERT ADDRESS]

[
[

Re: Member Request

Dear _____:

This is to inform you that the Children's Rehabilitative Services Administration (CRSA) grants your request for the designated record set.

Please note that not every disclosure of the member's medical information is included in the enclosed list. CRSA only maintains an electronic provider billing file.

The charge for the information you requested is: _____ (Free of Charge) for the accounting dates of _____.

We want to assure you that CRSA takes the member's privacy very seriously. If you have any questions, please do not hesitate to contact the CRSA HIPAA Privacy Official at

_____.

Thank you for your patience and cooperation.

Sincerely,

CRSA HIPAA Privacy Official

Cc: Request for Copies/Inspect Designated Record Set File

AGENCY LETTERHEAD

ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION

REQUEST FOR DESIGNATED RECORD SET

NOTICE OF TIME EXTENSION

[DATE]

CONFIDENTIAL

[INSERT ADDRESS]

[
[
[

Re: Request for Copies/Inspect Designated Record Set

Dear _____:

We have received your written request for copies of the Children's Rehabilitative Services Administration (CRSA) designated record set in regards to member [INSERT MEMBER'S NAME]. Unfortunately, we have been unable to complete our review of your request, and we need additional time to respond to your request, as allowed by Health Insurance Portability and Accountability Act Health Insurance (HIPAA). We expect to provide a response to you no later than [INSERT RESPONSE DATE]. This extension will not exceed sixty (60) days from the date we received your request. We apologize for the delay, and we appreciate your patience.

Sincerely,

CRSA HIPAA Privacy Official

Cc: Request for Copies/Inspect Designated Record Set File

**ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION**

**NOTICE OF DENIAL OF REQUEST FOR COPIES/INSPECT
DESIGNATED RECORD SET**

[INSERT DATE]

Confidential

[INSERT ADDRESS]

[
[

Re: Records of Member: _____

Dear _____:

This letter is in response to your request for access to/copies of your Protected Health Information contained in the Children's Rehabilitative Services Administration (CRSA) designated record set dated _____. CRSA denies the release of this information. This decision to deny access/copies is subject to review pursuant to 45 C.F.R. § 164.524, except in the following circumstances:

- The information contains psychotherapy notes,
- The information was compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding,
- The information is subject to the Clinical Laboratory Improvements Amendments of 1988,
- The information is subject to the Privacy Act (5 U.S.C. § 552a) and the denial under the Privacy Act meets the requirements of law, and/or
- The information was obtained for someone other than a health care provider under a promise of confidentiality and the access requested would be reasonable likely to reveal the source of the information.

The Health Insurance Portability and Accountability Act (HIPAA) laws and regulations prohibit CRSA from disclosing certain types of information. In this case, CRSA has decided that we cannot disclose **[insert a very general description of information that is not to be disclosed, e.g., records concerning treatment by Dr. XYZ]**. This is because **[insert a very general description of reason for nondisclosure, e.g., "we cannot verify that you are an authorized resident representative" or "your treatment providers have concluded that disclosure of these records is not in your best interest at this time."]**

[INSERT THIS PARAGRAPH IF SOME RECORDS ARE BEING DISCLOSED]

Although you are being denied the record(s) stated above, your request for **[insert the names of what record(s) is/are enclosed]** has been copied and is enclosed.

[INSERT THIS PARAGRAPH IF CRSA DOES NOT MAINTAIN THE RECORDS BUT KNOWS THE LOCATION OF THE RECORDS]

Although CRSA does not maintain the records that you have requested, we understand that the records you seek may be located at **[insert location, address, and phone number if available]**. You can request your records directly at that location.

[INSERT THIS PARAGRAPH IF A REVIEW IS PERMITTED UNDER THE HIPAA RULES]

You are entitled to a review of this denial and have a review of this decision made by a qualified official who is someone other than the party who denied access. If you wish to file a rebuttal statement, please send your rebuttal in writing to my attention. I will submit your rebuttal to the ADHS/CRSA Office Chief or designee who will review the matter and make a final decision, if appropriate, in consultation with others within a reasonable period. After a decision has been made, I will notify you promptly.

If you wish to file a HIPAA Complaint with CRSA regarding our decision to deny your request, please send your complaint in writing to me, the CRSA Privacy Official. Your concerns will be taken seriously and responded to in a timely manner.

You may also file a HIPAA Privacy Complaint with the United States Department of Health and Human Services, Office for Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, CA, 94102. **Please note, you must file your written complaint with the Office for Civil Rights within 180 days of when you knew the act or omission pertaining to your HIPAA Privacy Rights occurred.**

For HIPAA Security and other HIPAA Complaints, you may file a written complaint with the United States Department of Health and Human Services, Centers for Medical and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Sincerely,

CRSA HIPAA Privacy Official

Enclosure

Cc: Request for Copies/Inspect Designated Record Set
ADHS HIPAA Compliance Officer

FOR INTERNAL USE ONLY

Request First Review

Determination:	<input type="checkbox"/> REQUEST APPROVED
Agency Responsibilities:	<input type="checkbox"/> Determination of method for Member access/copies <input type="checkbox"/> Notice to Member of approved access/copies <input type="checkbox"/> Offer Member summary of information <input type="checkbox"/> Notify Member of requirements for copies of health information
Determination:	<input type="checkbox"/> REQUEST DENIED
Reason for Denial:	<input type="checkbox"/> Reference made to another person could endanger that person <input type="checkbox"/> Access could endanger life or physical safety of Member or other(s) <input type="checkbox"/> Access requested by personal representative and access cause substantial harm to Member or other(s) <input type="checkbox"/> Other _____
Agency Responsibilities:	<input type="checkbox"/> Written Notice to Member of basis for denial <input type="checkbox"/> Provide Member with opportunity to request review by licensed health care professional in agency <input type="checkbox"/> Provide Member with opportunity to request record be sent to a physician or psychologist of his/her choice

Request Second Review

Determination:	<input type="checkbox"/> REQUEST APPROVED
Agency Responsibilities:	<input type="checkbox"/> Determination of method for Member access/copies <input type="checkbox"/> Notice to Member of approved access/copies <input type="checkbox"/> Offer Member summary of information <input type="checkbox"/> Notify Member of requirements for copies of health information
Determination:	<input type="checkbox"/> REQUEST DENIED
Reason for Denial:	<input type="checkbox"/> Reference made to another person could endanger that person <input type="checkbox"/> Access could endanger life or physical safety of Member or other(s) <input type="checkbox"/> Access requested by personal representative and access could cause substantial harm to Member or other(s) <input type="checkbox"/> Other _____
Agency Responsibilities:	<input type="checkbox"/> Written Notice to Member of basis for denial <input type="checkbox"/> Provide Member with contact information for US Department of Health and Human Services Secretary

**ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
LETTERHEAD
NOT OUR RECORDS**

[DATE]

[INSERT NAME]
[INSERT ADDRESS]
[INSERT ADDRESS]
[INSERT ADDRESS]

Dear [Requestor's Name]:

The Arizona Department of Health Services, Children's Rehabilitative Services Administration (ADHS/CRSA) acknowledges receipt of your letter dated **[Date of request letter]**, regarding your Request for Inspection/Copies of your CRSA Health Insurance Portability and Accountability Act (HIPAA) Designated Record Set.

CRSA is designated as a Health Plan for purposes of HIPAA because CRSA provides the electronic edit process for the Arizona Health Care Cost Containment System (AHCCCS), the Arizona Medicaid plan. Additionally, the CRSA does not provide health care but contracts with medical clinics and other health care facilities to provide all direct medical services. Thus, CRSA only maintains a portion of the billing records for children who receive care through the program. The complete file for all billing and health care records is maintained at the site of the contracted provider.

[INSERT SPECIFIC REQUEST]

[INSERT WHERE INFORMATION IS LOCATED]

[Requestor's Name]

[DATE]

Page 2

If you [insert representative's name] still wish to request a copy of the CRSA electronic billing file, please contact me. Also, be advised that there may be a charge of twenty-five cents (25¢) per page for a printout of the electronic file and fifty dollars (\$50) for a disk download of the file.

Sincerely,

[CRSA HIPAA Privacy Official],
Children's Rehabilitative Services Administration
[Phone Number]

Enclosure

Cc: []

**ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION**

**REVIEW OF DENIAL FOR REQUEST TO COPY/INSPECT
DESIGNATED RECORD SET**

CONFIDENTIAL

[DATE]

[INSERT ADDRESS]

[
[]
[]

Re: Review of Denial for Request to Inspect/Copy Designated Record Set

Dear _____:

On _____, you requested a review of the decision by the Arizona Department of Health Services, Children's Rehabilitative Services Administration (ADHS/CRSA) to deny your request for inspection/copies to your Designated Record Set. As a qualified review official, I received your CRSA request (see copy enclosed); however, I was not part of the original decision to deny you access to your Designated Record Set.

[INSERT THE DETERMINATION]

I have reviewed your request, and I have concluded that the denial **[does/does not meet the criteria for denial set forth under the HIPAA Regulations]**. In addition, I have determined that **[state conclusion of decision]**.

You have exercised your right to a Request for Review of the initial denial to inspect/copy your DRS dated _____ and have received a review of the denial.

If you believe that your Privacy Rights have been violated and you wish to file a complaint, please write or contact one of the offices listed below:

Arizona Department of Health Services
Office of Children with Special Health Care Needs
Children's Rehabilitative Services Administration
Attn: CRSA HIPAA Privacy Official
150 North 18th Avenue, Suite 330
Phoenix, AZ 85007
Phone (602) 542-1860

AND/OR

HIPAA **Privacy** Official
Department of Health and Human Services
Office for Civil Rights (OCR)
50 United Nations Plaza
Room 322
San Francisco, CA 94102
1-800-368-1019

HIPAA **Security** Official
Department of Health and Human Services
Centers for Medical and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Filing of a complaint will not result in a denial of your benefits or in any retaliatory action by CRSA.

Thank you,

CRSA HIPAA Privacy Official

Enclosure

Cc: Request for Inspection/Copies of Designated Record Set File
ADHS HIPAA Compliance Officer

FOR INTERNAL USE ONLY

Request First Review

Determination:	<input type="checkbox"/> REQUEST APPROVED
Agency Responsibilities:	<input type="checkbox"/> Determination of method for Client access <input type="checkbox"/> Notice to Client of approved access <input type="checkbox"/> Offer Client summary of information <input type="checkbox"/> Notify Client of requirements for copies of health information
Determination:	<input type="checkbox"/> REQUEST DENIED
Reason for Denial:	<input type="checkbox"/> Reference made to another person could endanger that person <input type="checkbox"/> Access could endanger life or physical safety of Client or other(s) <input type="checkbox"/> Access requested by personal representative and access cause substantial harm to Client or other(s) <input type="checkbox"/> Other _____
Agency Responsibilities:	<input type="checkbox"/> Written Notice to Client of basis for denial <input type="checkbox"/> Provide Client with opportunity to request review by licensed health care professional in agency <input type="checkbox"/> Provide Client with opportunity to request record be sent to a physician or psychologist of his/her choice

Request Second Review

Determination:	<input type="checkbox"/> REQUEST APPROVED
Agency Responsibilities:	<input type="checkbox"/> Determination of method for Client access <input type="checkbox"/> Notice to Client of approved access <input type="checkbox"/> Offer Client summary of information <input type="checkbox"/> Notify Client of requirements for copies of health information
Determination:	<input type="checkbox"/> REQUEST DENIED
Reason for Denial:	<input type="checkbox"/> Reference made to another person could endanger that person <input type="checkbox"/> Access could endanger life or physical safety of Client or other(s) <input type="checkbox"/> Access requested by personal representative and access could cause substantial harm to Client or other(s) <input type="checkbox"/> Other _____
Agency Responsibilities:	<input type="checkbox"/> Written Notice to Client of basis for denial <input type="checkbox"/> Provide Client with contact information for U.S. Department of Health and Human Services Secretary